

HOUSE BILL NO. 116

INTRODUCED BY J. GILLETTE

BY REQUEST OF THE CHILDREN, FAMILIES, HEALTH, AND HUMAN SERVICES INTERIM COMMITTEE

A BILL FOR AN ACT ENTITLED: "AN ACT REQUIRING PROVIDERS SERVING HIGH-RISK CHILDREN WITH MULTIAGENCY SERVICE NEEDS TO PROVIDE PLANS OF CARE UNDER CERTAIN CIRCUMSTANCES; PROVIDING EXCEPTIONS; AND AMENDING SECTION 52-2-310, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 52-2-310, MCA, is amended to read:

"52-2-310. Development and use of qualified provider pools -- circumstances requiring participation in the pool -- exceptions. (1) In order to accomplish the goals of 52-2-301, the department shall establish a pool of qualified in-state providers identified as willing and able to meet the significant needs of high-risk children with multiagency service needs who are currently placed or may be placed out of state. Using existing staff resources, the department shall design and implement a process in which licensed providers qualify for a pool by demonstrating their ability to provide mental health services for children:

- (a) through use of available federal and state special revenue and state general fund money;
- (b) in the least restrictive setting available;
- (c) in accordance with the state's goal of using a wraparound philosophy of care and planning process; and
- (d) using criteria established by the department to address the specialized needs of high-risk children with multiagency service needs.

- (2) (a) ~~The~~ Except as provided in subsection (3), the department shall:
 - (i) allow any willing and qualified in-state provider to review a case involving a high-risk child with multiagency service needs and to propose a plan of care for providing in-state services to the child; and
 - (ii) require an in-state provider to review each case involving a high-risk child with multiagency service needs and to propose a plan of care for providing in-state services to the child if:

1 (A) the provider is receiving an enhanced medicaid reimbursement rate because the provider has
2 increased access to in-state care for medicaid-eligible Montana children who would otherwise be placed out of
3 state to receive necessary care; and

4 (B) the provider offers services appropriate to the needs of the child.

5 (b) Prior to contracting with a provider for the delivery of in-state services, the department shall
6 determine that the plan of care submitted by the in-state provider is both cost-effective and in the best interests
7 of the child.

8 (c) If a qualified in-state provider proposes a plan of care for providing in-state services to the
9 child, the department may not certify a child for placement with an out-of-state provider unless it denies the plan
10 of care proposed by the in-state provider.

11 (3) (a) The department is not required to seek a plan of care from an in-state provider if doing so
12 would delay placement and create a higher level of risk for the child in need of services.

13 (b) An in-state provider is not required to review a case and propose a plan of care:

14 (i) for a child who has medically complex needs that cannot be met in the state;

15 (ii) for a child who is developmentally disabled with comorbidities;

16 (iii) if the provider's licensure precludes accepting the child; or

17 (iv) when accepting a child would pose a demonstrable risk to the child seeking admission, to other
18 children currently receiving services from the provider, or to the provider's staff.

19 (c) The department shall adopt rules to outline the circumstances under which a provider would
20 qualify for the exception allowed under subsection (3)(b)(iv).

21 (d) (i) A provider shall submit a plan of care within 2 working days of receiving a case for review.

22 (ii) A provider seeking an exception under subsection (3)(b)(iv) shall provide a statement in a form
23 prescribed by the department to demonstrate the risk to the child seeking admission, to other children currently
24 receiving services from the provider, or to the provider's staff."

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